U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
E (11300)			
1. File Number U - 266/			
1. File Number 0 - 200	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name James A Myers	Name I.U.O.E. Local 150 AFL-CIO		
	Labor Organization File Number 031860		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 4477 Linden Road	Street 6200 Joliet Road		
City Rockford	City Countryside:		
State Illinois ZIP Code + 4 61109	State Illinois ZIP Code + 4 60525		
5. Position in labor organization. Business Representative			
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.e. Nature of Interest, Transaction, or Income.		
Name N/A			
Trade Name, if any:			
The state of the s			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	1.5. Adicone		
City .	* 2000 PETER STATE OF THE PETER		
State ZIP Code + 4			
Signature Signature Signature April 1990 A Si			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
, 50. L/μ ISP/ 5.7.9			
Signed James a myers on 7/5/05 (815) 874-4166 Date Telephone Number			
	1 State of the sta		

Name of Person Filing James Myers	File Number U-	6/	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name N/A			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	Someoning		
Street	c. Employer		
City .		·	
State ZIP Code + 4			
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	gerapanaghaghara na ar aprasismoj ammayranismorranismorra ara na amana ca na ca an ca ci ci i i i i i i i i i i	
Name		*****	
Trade Name, if any:		v · · · · · · · · · · · · · · · · · · ·	
P.O. Box, Bldg., Room No., if any			
Street			
y in the second state of t	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.	Strate Andrews Control (Strate Control	
		Between the control of the control o	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name N/A			
The Control of the Co			
Trade Name, if any:			
P.O. Box, Bklg., Room No., if any		Access to the second se	
Street		200	
City			
State ZIP Code + 4			
inneural Returning	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant?			